

PUBLIC POLICY COMMITTEE MEETING

October 1, 2007

9:00 a.m. – 4:00 p.m

Len B. Jordan Bldg., 650 W. State St., Boise

Committee Members: Jim Baugh, Shiloh Blackburn, Leslie Clement, Bill Elvey, Corinne Johnson, James Steed, Heidi Stoddard, Lisa Robbe-Soults (unable to attend)

Council Staff: Tracy Warren, Marilyn Sword, Samantha Wallace

Presenters: Michelle Britton, Kathleen Allyn

Visitors: Bob Jackson, Scott Tiffany, Ron Enright

<p>Call to order</p> <ul style="list-style-type: none"> - Welcome and Introductions - Perfection of Agenda - Announcements <p>Elect Committee Chair</p> <p>Action ➡</p>	<p>Introductions from members present</p> <p>Additions to agenda: Senate Bill 1887; Prescription Drug Act (access to meds) pg 2</p> <p>Announcements: Shiloh reported that Cameron Gilliland is not able to talk to the Consumer Leadership Caucus at the upcoming meeting; Chad Cardwell will speak instead</p> <p>Election of committee chair:</p> <p>Nominations: James Steed nominated himself, Shiloh Blackburn nominated Corrine Johnson, Corrine Johnson deferred and nominated James Steed. By unanimous consent the Committee elected James Steed as Committee Chair.</p>
<p>Approval of July 26, 2007 minutes</p> <p>Action ➡</p>	<p>No changes to minutes; approved as presented.</p>
<p>Review decision-making process for legislative issues: monitor, participate, support, oppose</p> <p>Action ➡</p>	<p>Tracy Warren presented the Public Policy and Legislative Agenda Development handout priorities 1-3 form.</p> <p>Jim Baugh suggested we change the word “lobbying” to “communicating with policymakers”</p> <p>Motion by Corrine Johnson to change language; second by Leslie Clement; approved unanimously.</p>

	James Steed reminded members to check their email daily/regularly during session.
<p><u>State Legislation</u> <u>Issues for the</u> <u>2008 Session</u></p> <p>Proposed changes at Idaho State School and Hospital (ISSH)</p> <p>Presenters:</p> <p><i>Michelle Britton and Kathleen Allen, IDHW</i></p> <p><i>Guest - Scott Tiffany, Bureau Chief Mental Health</i></p>	<p><i>ISSH Changes:</i></p> <p>James Steed introduced presenters. Michelle Britton (Division of Family & Community Services) and Kathleen Allyn (Division of Behavioral Health) who gave a presentation on proposed changes at Idaho State School and Hospital. Discussions have been underway on building new facilities and changing the use of existing buildings at ISSH to meet the needs of shifting client base. There will be a request for \$16 million for changes, \$10 million for DD and \$6 million for mental health.</p> <ul style="list-style-type: none"> - 18 clients currently in discharge planning process, will be looking for long-term placements for 48 clients in first effort to move people out - Medicaid will work with them - Shared administrative and supports costs would be beneficial - client populations for first discharge is more traditional DD client population - 8 of 16 medically fragile clients; can we support these clients off-campus? - currently 95 people in all buildings on campus - some people may be moved into 4-bed units to be built on grounds where the B buildings are (those will be demolished) - juvenile facility being built for dually diagnosed kids-drugs and mental illness - workers comp increasing because of injuries on the job from staff working with people who have violent behaviors <p>James Steed asked about proximity of those to people who are medically fragile?</p> <p>Bob Jackson stated that he thought the key questions that need to be answered are:</p>

**Proposed changes
at Idaho State
School and
Hospital (ISSH) –
cont'd.**

1. How is this going to improve the safety of the clients?
2. How will client treatment be improved?
3. How will you increase safety for staff?

Cost/efficiency effected by these 3 things.

Marilyn Sword said that any proposed changes need to include plans on how community services to will be improved and expanded to reach goal of adequate support in the community. Marilyn also asked where are the kids going in all of this?

- kids currently at ISSH will end up in a 4 bed unit if not in community

- no one under the age of 12 is at ISSH right now

James Steed suggested that self-directed services may help guardians/clients to meet needs in the community

Jim Baugh asked about the possibility for building a safety net somewhere other than the ISSH campus? The state is operating some small safety net facilities in different areas of the state.

Tracy Warren said the Council has concerns about creating more institutional settings – if you build more beds, they will be filled.

- Buildings that are proposed to be built for the people with DD can convert to something else in the future

Leslie Clement said that the more information we have on successes and failures of people who have been introduced into the community the more we can learn about what kind of community program we need to build.

Jim Baugh stated that the issue is not should we build the buildings, the issue is what should our system look like, and how does this affect it? How will people with developmental disabilities fair in the system? What does Idaho need in terms of treatment

<p>Action/Follow-up ➡</p>	<p>facilities, and does this lead to a better mental health facility, etc.</p> <p>Leslie Clement recommended that the Council provide a position letter to share with policymakers</p> <p>Committee decided that a position statement should be drafted - Jim and Marilyn will work on this and provide draft to the committee at the next meeting.</p>
<p>Medical Consent</p>	<p><i>Medical Consent:</i></p> <p>Jim Baugh presented the proposed changes to Idaho's Medical Consent Law</p> <p>Problems with current statute:</p> <ol style="list-style-type: none"> 1. Need standards for competent consent 2. Right now literally any adult can consent to the treatment of the person as long as they say they are responsible for that person's healthcare (sign for it) <ul style="list-style-type: none"> - Need system for person to give substitute consent besides anyone who wants to sign - We could clarify the process by which the person decides if the individual is competent or not, and set guidelines (a, b, c) 3. Add a definition of "futile treatment" to Natural Death Act <ul style="list-style-type: none"> - Language in statute needs to be cleaned up <p>(Jim talked about different sections where proposed changes were added)</p> <ul style="list-style-type: none"> - Draft language has been developed and sent to people who represent/are the big stake-holders, currently waiting for feedback <p>Follow-up ➡</p> <p>Tracy will provide a copy of the proposed language to the committee.</p>

<p>Action ⇒</p>	<p>Motion by Corrine Johnson for Council to support Medical Consent as a priority 1 issue; second by Bill Elvey; motion passed unanimously.</p> <p><i>Mental Health Commitment:</i></p>
<p>Mental Health Commitment</p>	<p>Jim Baugh presented the Mental Health Commitment issue. A legislative interim committee has considered the Treatment Advocacy Center's model law. It is still unclear what action subcommittee will take.</p>
<p>Action ⇒</p>	<p>Motion: Leslie Clement moved to monitor the mental health commitment as a priority 3 issue; Second: Shiloh Blackburn; motion passed unanimously.</p>
<p>Family-Directed Services Report</p>	<p><i>Family Directed Services Report</i></p> <p>Tracy talked about the Family Directed Services Task Force progress and report to legislature that will be developed.</p> <p>Leslie Clement said that at the FDS task force December meeting, they will start working on draft rule language</p> <p>Marilyn Sword inquired if Idaho needs federal (CMS) approval before rule development?</p> <p>Leslie Clement responded that we may consider a 1915(i) format, DRA waiver service under state plan. We need to push for maximum flexibility</p> <p>Bob Jackson said he can envision 3 or 4 scenarios that we think parents may want; we need to make sure the rules can accommodate those scenarios</p>
<p>Action ⇒</p> <p>DHW rules overview</p>	<p>Motion: Jim Baugh moved to continue to make Family Directed Services a priority 1 issue; Second: Corrine Johnson; motion passed unanimously.</p> <p>Tracy presented DHW rules that have appeared in Administrative Bulletins so far.</p>

Education rules overview	<p>5 rule dockets - streamline application process, reduce time for application approval.</p> <p>Leslie Clement shared that there a lot more rules that will be presented. She will provide more information. She also said that Medicaid was outsourcing the dental plan services for basic plan beneficiaries – has the potential to increase access. May be extended to enhanced plan benefits in the future.</p> <p>Leslie said that for the Medicare/Medicaid coordinated plan, people have been confused by marketing</p> <p>Targeted service coordinators will become Medicaid only (not in rule) (need clarification)</p> <p>Tracy presented Education Rules currently posted in bulletins. The committee had concerns about the Alternate Certification rules for school professionals. These rules are to help schools meet No Child Left Behind (NCLB's) highly qualified teacher requirements.</p> <p>Jim Baugh inquired if professional staff in schools already have lower qualifications than their counterparts in the general public/private sector - is this giving them even more ways to qualify?</p> <p>How will this work with Medicaid rehab rules?</p> <p>Leslie Clement said that we have to have one standard set of qualifications – school-based professionals must meet Medicaid provider qualifications to be reimbursed.</p>
Extended Employment Services Budget	<p><i>Extended Employment Services Budget</i></p> <p>Michael Graham talked about Extended Employment Services and the related IDVR budget they submit yearly to the State Board of Education for approval.</p>

*By telephone:
Dr. Michael Graham,
Director,
Idaho Division of
Vocational
Rehabilitation*

**Extended
Employment
Services Budget
(cont'd)**

To meet the need for Extended Employment Services would require an additional \$1 million this year. DVR is seeking \$500,000 for direct services. It is not known if the Governor will approve the request once approved the State Board of Education.

There are currently about 30 employment service providers – all must meet certification requirements (in rule). Is the quality of the provider better because we require them to meet the qualifications? Most other places don't require that the providers meet these certifications. All 30 providers we currently have meet certification requirements.

IDVR is moving towards community-based services with the funding they have.

There is currently a waiting list for employment services, it takes one year (on average) to cycle.

What are the other options to reduce the waiting list? Some individuals are eligible for Medicaid funding (outside calculation)

Individuals choose what service they would like, there is no requirement that anyone be in one service vs. another. Problems with legal guardians choosing what the individual doesn't want (service)

Tracy Warren asked if people could use individualized budgets like in self-direction and be able to choose the provider of their choice?

- the problem with that is if a client does not use all the money it goes back to the general fund

What does Dr. Graham seek from the Committee?

-would like support for the IDVR budget request

Marilyn asked if any of the budget increase would go to increased monitoring of this program?

No-all funds will go to direct services

Phone call ended. Committee discussion:

Who is monitoring the closed VR cases?

<p>Follow-up ➡</p>	<p>-bring this up to the legislators (need to get data on increased # of providers)</p> <p>The increased budget will provide more employment services to people with developmental disabilities. But this will add more money into the system that we desperately want to see changed.</p>
<p>Extended Employment Services Budget (cont'd)</p>	<p>If the Council takes no position on this it may be interpreted that we don't want to support people with developmental disabilities getting employment services.</p> <p>Our position could be we support increasing the budget, but not for segregated work services.</p> <p>- we are talking about a choice for people with developmental disabilities to work for employers that don't pay less than minimum wage</p> <p>Marilyn asked how we could use this opportunity to support because we don't want to see people wait for the services they need, but state that it should be earmarked for services in integrated settings and that people should be paid at least minimum wage. Then add that we think a certain amount of funds should be used for monitoring of a program that has inadequate oversight.</p> <p>Ron: What kind of influence could this group have on JFAC since this is an appropriations bill?</p> <p>- intent language could be added but that would only be binding for the year of the appropriation.</p>
<p>Action ➡</p>	<p>Motion: Jim Baugh moved to support the VR budget but only for services in integrated settings not for increasing segregated work services</p> <p>Second: Bill Elvey; motion passed unanimously. Recommendation that this be a priority 1 issue.</p>
<p>Closing Idaho School for the Deaf</p>	<p>Tracy Warren provided information about the closing of the Idaho School for the Deaf and Blind,</p>

<p>and Blind (ISDB)</p>	<p>recommendations from OPE audit and recent follow-up report.</p> <p>State Board will be finalizing their recommendations for an educational model in an upcoming meeting, those recommendations and maybe rules will be presented to the legislature.</p> <p>Issue: What should education for students who are deaf or blind look like? We could weigh in on what the educational system should provide. Look at students who are currently being served in their local schools. What are the local solutions now?</p> <p>One issue is that students who are deaf need to be able to communicate with friends/peers without an interpreter. How do we get a large enough community for these students?</p> <p>How do we get same/similar services that are provided at ISDB elsewhere? The group felt this should be a priority 3 issue.</p>
<p>Public Transportation Funding</p> <p>Action ⇒</p>	<p>Marilyn Sword provided information about public transportation funding. There will be a funding request for public transportation in the Department of Transportation's budget. There will also be another push for local option sales tax for public transportation.</p> <p>The group felt this should be a priority 3 issue, speak in support of the local option sales tax</p> <p>Motion: Corrine Johnson moved to support the local option sales tax for public transportation; Second: Jim Baugh; motion passed unanimously.</p>
<p>Waiver of Sovereign Immunity</p> <p>Action ⇒</p>	<p>Tracy Warren presented information about the waiver of sovereign immunity bill that the State Independent Living Council will be running this year.</p> <p>By unanimous consent, the group recommended the Council support as a priority</p>

<p>Family Task Force Early Childhood Education Task Force</p>	<p>2. We will support SILC activity.</p> <p>Tracy Warren shared that two interim legislative committees have been meeting over the summer/fall. The Family Task Force and the Early Childhood Education Task Force</p> <p>The committee directed staff to support early childhood education if bills are developed.</p> <p>Set as priority 2 issue.</p>
<p><u>Federal Issues for 2008</u></p> <p>Medicaid Rehabilitation Services Rules</p>	<p>Leslie Clement provided an overview of the proposed CMS policy changes to the rehabilitation services rules.</p> <p>The policy change would prohibit habilitation services [in state plans]. Idaho does have rehabilitation services included in the state Medicaid plan and if the proposed rules are passed, Idaho would have to change the state plan.</p> <p>The state may look to a 1915(i) authority instead of an HCBS waiver to address this issue. Individuals don't have to meet ICF/MR level of care if we use 1915(i). Medicaid will be considering specialized daycare, habilitation, and Intensive Behavioral Intervention (IBI).</p> <p>We will have 2 years to figure this out.</p> <p>Jim Baugh suggested that there is potential to influence this issue at the federal level via Congress (send letter and follow-up with visit)</p>
<p>Action ⇒</p>	<p>Motion: Corrine Johnson moved to include this issue as a priority 2; second by Bill Elvey; motion passed unanimously.</p>
<p>Children's Health Insurance Program (CHIP) Reauthorization</p>	<p>Leslie Clement reported that Idaho has funds to support the CHIP program for 12-18 months. States are to develop contingency plans (move kids under Medicaid plans)</p> <p>Set as priority 3 – watch and monitor.</p>

Medicaid school reimbursement changes	<p>Tracy Warren provided information about a proposed CMS policy change that would eliminate Medicaid school reimbursement for administrative costs and transportation.</p> <p>Dept. of Education should go to legislature and say they need funds to do this since it won't come from Medicaid anymore.</p> <p>Leslie Clement shared that Idaho does not reimburse for administrative costs and there would be a small impact on transportation services.</p> <p>Set as priority 3.</p>
Community Choice Act	<p>Tracy shared information about the CHAMP Act which contains provisions for Medicaid school reimbursement among other things. Jim said that President Bush said he would veto the Act if passed by congress.</p> <p>Set as priority 3</p>
Community Choice Act	<p>The Community Choice Act proposes to reform the Medicaid program to provide services in the most integrated settings and remove bias towards institutional care.</p> <p>Set as priority 2</p>
Voter Competence Act	<p>The Voter Competence Act requires a voter verified permanent paper ballot. Idaho is already doing this; Automark machines give verification. More impact will be felt in other states. We should support but this won't have that much of an effect here.</p> <p>Set as priority 3.</p>
ADA Restoration	<p>The ADA Restoration Act proposes to restore the original intent of Congress and remove employment discrimination allowed through recent court decisions.</p> <p>Set as priority 2.</p>

<p>No Child Left Behind Act Reauthorization (NCLB)</p> <p>DD Act Reauthorization and Appropriation</p>	<p>Tracy talked about the draft legislation that recently came out of congressional committee for reauthorization of NCLB. Asked if the Idaho Dept. of Education had a position or input on this issue. Bill Elvey shared that he has received no feedback. Set as priority 3.</p> <p>No draft for reauthorization yet. No appropriation bill has been passed. The Council will continue to operate via a Continuing Resolution until that appropriation is approved. The appropriations bills approved by the House and the Senate include increases for Councils.</p>
<p>Review and Discuss Issues for 2008 Legislative Slate Prioritize 2-3 issues for Council</p> <p>Discuss format for January Council Member meeting with legislators</p>	<p>Priority Issues were set as:</p> <ol style="list-style-type: none"> 1. Family-Directed Services Report 2. Medical Consent Law 3. Extended Employment Services Budget <p>Reception for legislators in the Crystal Ballroom. Staff will follow-up on this. Need to confirm reservation for Thursday afternoon and get the reception on the Gold Room calendar.</p>
<p>Wrap Up Review Action Items</p>	<ul style="list-style-type: none"> ✓ Develop a position with guideposts related to proposed ISSH changes ✓ Draft letter in support of IDVR EES budget with stipulations ✓ Contact Idaho congressmen in opposition to Rehab Services rules ✓ Tracy will look into education rules about alternative certification for school professionals ✓ Tracy will send out draft language for Medical Consent Law to committee members

Future Agenda Items	<ul style="list-style-type: none">✓ Committee will provide the 2008 legislative slate info to all Council members at October meeting✓ Staff to make arrangements for January reception <p>Future agenda item: What can the Public Policy Committee members do at the reception during the January reception in the Crystal Ballroom (in Hoff Building)?</p>
Adjourn	Meeting adjourned at 3:45pm